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Informed Consent to Acupuncture and Oriental Medicine Treatment

Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything that is unclear.

I, _____, do hereby give my consent to the performance of procedures which are within the scope of practice of classical Chinese medicine, on myself (or on the patient named below, for whom I am legally responsible) by Kristin ten Broeck, L.Ac, a licensed healthcare provider.

I understand that classical Chinese medicine procedures may consist of, but are not limited to, acupuncture, moxibustion, cupping, electro-acupuncture, herbology, massage, bodywork, and application of heat lamps.

POSSIBLE RISKS AND COMPLICATIONS ASSOCIATED WITH THESE PROCEDURES

Although Chinese medicine treatments are considered to be some of the safest, most effective forms of therapy for many health conditions, I am aware that there are possible risks and complications associated with these procedures, which include, but are not limited to:

Slight burning ♦ Tingling near the needling sites that may last a few days ♦ Nausea ♦ Infections ♦ Blisters ♦ Fainting ♦ Scarring ♦ Bruising ♦ Minor bleeding ♦ Aggravation of symptoms ♦ Inability to drive ♦ Swelling ♦ Emotional distress ♦ Fatigue

There have been instances reported of **spontaneous miscarriage** and **pneumothorax**. I understand that some herbs may be inappropriate during pregnancy. If I suspect I am pregnant, I will immediately inform my provider. If I experience any gastrointestinal upset or allergic reaction to the herbs, I will inform my provider immediately. If I experience labored breathing during or after treatment I will immediately inform my provider. I do not expect the provider to be able to anticipate and explain all the risks and possible complications, and I wish to rely on the provider to exercise judgment during the course of the procedure, which the provider believes at the time, based upon the facts known, is in my best interest.

TREATMENT RESULTS

I have had an opportunity to discuss with the provider the various types of treatment, including acupuncture, moxibustion, cupping, electro-acupuncture, herbology, massage, bodywork, and application of heat lamps which have been proposed to me for my condition, and the purpose and objectives of these Chinese medicine procedures. I understand that there are beneficial effects associated with these treatment procedures. However, I appreciate there is no certainty that I will achieve these benefits. I agree to the performance of these procedures by my provider and such other person of the provider's choosing.

ALTERNATIVE TREATMENTS AVAILABLE

Reasonable alternatives to these procedures have been explained to me including massage, rest, home applications of therapy, prescription or over-the-counter medications, exercises and possible surgery. I understand that I may refuse any or all of the care that is recommended to me. I have read or have had read to me the above explanation of classical Chinese medicine treatment. Any questions I had regarding these procedures have been answered to my satisfaction PRIOR TO MY SIGNING THIS CONSENT FORM. I have made my decision voluntarily and freely.

To attest to my consent to these procedures, I hereby affix my signature to this authorization for treatment.

_____	_____	_____	_____
Date	Patient Name (Print)	Patient's Signature	Date of Birth
_____	_____	_____	_____
Date	Provider Name (Print)	Provider's Signature	

Consent to Chinese Medicine Evaluation and Treatment of a Minor Child:

I, _____ being the parent/legal guardian/personal representative of
_____ have read and fully understand the above Informed Consent

and hereby grant permission for my child to receive Chinese medicine treatment.